U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OLMS OF	
1. File Number U - 6169	2. Fiscal Year Covered From:
, and the second	61 / 51 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JOHN 1 McDONALD	Name MAJGIC LENGUE BASEBALL PLAYERS ASSOC.
C/O SFX SPORTS	Labor Organization File Number
P.O. Box, Bldg., Room No., if any SUITE TOY	P.O. Box, Building and Room Number, if any
Street Street	Street 12 EAST 49 5TREET
City Na.CityBrack	City NEW YORK
State ILLINOIS ZIP Code + 4 60062	State NEW YORK ZIP Code + 4 10917
5. Position in labor organization. FLAYER REFRESET	THTIVE
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or commonetary value from an employer whose employees your organization.	sions set forth in the instructions):
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name THE CLEVELPHO INDIANS BASEBALL CO. LP	EMPLOYEE EARNING W-2 WAGES ONLY
Trade Name, if any: CLEVELPND INDIPNS	NO OTHER INTEREST, TRANSPORTION OR INCOME WITH FROM EMPLOYER.
P.O. Box, Bldg., Room No., if any	The American state of the state
Street 2401 ONTARIO STREET	7.b. Amount. (w-2 wAc∈S)
City	*320,251.94
State OHIO	The second secon
Signa	
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the sect	

Date

Signed

291-060

Telephone Number

Name of Person Filing JOHN J. Mc DONAL	File Number U-
B. Held an interest in or derived income or economic benefit with monetary was substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and the consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name TOPPS COMPRNY INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE WHITEHAL STREET City NEW YORK State NEW YORK ZIP Code + 4 1300	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. MLBPA LICENSEE
	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received. PAID # 1150 FOR PURPOSE OF LICENSING LIKEWESS ON BASCBALL CARDS, ETC.
	12.b. Amount. #11.50
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
City ZIP Code + 4	

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

?

Name of Person Filing JOHN J. McDONALD)	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to or otherwise	;
8. Name and address of Business (including trade name, if any). Name FRANKLIN SPORTS, INC.	9. Business deals with:	
Trade Name, if any:	a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any Street IT CAMPANELLI PARKWAY	b. Trust	
City STOUGHTON is the content of the		
State MASSACHUSETS ZIP Code + 4 02012 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street	The straight of the state of th	
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State ZIP Code + 4	PAID # 2000	
	그렇게 살아왔다는 그들은 모양을 가면 그 얼마나 살아왔다면 하셨다면 하셨다면 했다.	FRANKLIN SPORTS, INC
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	PRODUCTS.	
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13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. r parts A and B above) or other thing of value.	
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Name of Person Filing

Name of Person Filing JOHN J. McDONALD		File Number U-
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8. Name and address of Business (including trade name, if any). Name PLIZUNO USA, INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 49.25 APPLON RIDGE PARKWAY City NORCROSS State GEORGIA ZIP Code +4 30071	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealin	g.
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. PAID 4757.35 FOR USING AND ENDORSING MIZUND USA, INC. PRADUCTS.	
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